



# County of Boone & City of Florence Occupational License/Payroll Tax Application



www.BooneCountyKY.org

Effective December 2004

www.Florence-KY.gov

<b>Instructions:</b> A. Applicants are required to complete this application in full before conducting business. Subject to approval B. Applicants are required to pay a \$25.00 Boone County Occupational License fee with this application. C. When conducting business in the City of Florence, please comply with the City of Florence fee calculated at the right. D. If construction or a use group change is being performed within Boone County, KY, a permit is required from the Boone County Building Department (859) 334-2218 E. If construction, the Occupational License Department requires the Contractor to supply a complete list of Subcontractors containing Name, Address and Phone Number. The Occupational License may be delayed if this information is not supplied. F. The normal processing time for an application is ten to fifteen working days, if the application is completed correctly. Upon approval, you will receive correspondence which will include your account number. * Note : Contractor labor must be licensed individually*	City of Florence Estimated Sales/ Receipts During First Year of Business (Item G)	(Round to nearest \$)	<b>City of Florence</b>  G. Estimated Sales/Receipts During First Year of Business \$ _____  <b>Total Remittance:</b>  H. City of Florence \$ _____ (From Fee Calculation)  Penalty 12% \$ _____ Interest 1% per month \$ _____  I. Boone County \$ <u>25.00</u> J. Total (All Lines) \$ _____
	Rate (Multiply by)	0.001	
	City of Florence Fee Amount (Enter This Amount On Item H.) Minimum Fee \$40.00 Maximum Fee \$10,000.00		
	According to an opinion (OAG-85-1) of the Kentucky Attorney General, the responses that you make to questions 1, 2A, and 8 below are to be provided to anyone upon request, pursuant to the "Kentucky Open Records Law"		

- Name of Applicant: \_\_\_\_\_  
 Doing Business As or Trade Name (If applicable): \_\_\_\_\_
- A. Physical Location or Job Site/ Contractor working in the City of Florence, or Boone County (Must list location): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 B. Mailing Address (or Residence if applicable): \_\_\_\_\_  
 Phone Number \_\_\_\_\_
- Business Entity (Select One):
 

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> S Corp
<input type="checkbox"/> LLC – Individual	<input type="checkbox"/> LLC – Partnership	<input type="checkbox"/> Non Profit *	<input type="checkbox"/> Other _____
<input type="checkbox"/> PSC (Public Service Corp)			

\* NOTE: Non Profit must attach 501C(3) Determination Letter)\*
- Federal Tax Identification Number: \_\_\_\_\_  
 If self employed, provide owner Social Security Number \_\_\_\_\_
- If Individual, your year end is 12/31. Corporations, Partnership, or Non Profit must provide Fiscal Year End: \_\_\_\_\_
- Date Business will begin in City of Florence and/or Boone County, KY:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_  
 (working in Boone County/Florence)
- Do you or will you use "leased" employees? ☐ Yes ☐ No  
 If yes, Provide the name, address and phone number of leasing agency: \_\_\_\_\_
- Detail Description of Nature of this Business: \_\_\_\_\_
- Will alcohol be sold and/or served at this business location? ☐ Yes ☐ No
- Are you a contractor doing work in Boone County, whose company is located outside of Boone County?  
☐ Yes ☐ No
- If a contractor, are you the General Contractor? ☐ Yes ☐ No

To Be Completed by Tax Agency  Boone A/C _____  Florence A/C _____
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Business Name \_\_\_\_\_

11. Is this business being operated from a residence in Boone County?

☐ Yes (If yes, complete the Home Occupancy Questionnaire)

☐ No (skip to question 12)

(The questionnaire is located at [www.BooneCountyKy.org](http://www.BooneCountyKy.org) by calling the Planning Commission at 859-334-2196)

12. Owner(s) of Business (Attach additional list if necessary):

Name	Address	Phone Number	Title	Date of Birth	Social Security Number

13. Representative of Business responsible for daily operation within City of Florence and/or Boone County ( Manager, etc.)

Name

Residence Address

Phone Number

Night/Emergency Number

14. Has any person listed in Items 12 and 13 ever had an Occupational License or similar Business License denied, revoked or suspended in the City of Flornce, Boone County, or any other City or State?

☐ Yes

☐ No

15. Has any person listed in Items 12 and 13 ever been convicted of a Felony or Misdemeanor?

☐ Yes

☐ No

#### Remittance

A. When conducting business in **Boone County** only, remit Boone County fee to:

Boone County Fiscal Court Occupational License Department  
PO Box 960  
Burlington, KY 41005  
Phone: (859) 334-2144

B. When conducting business in **City of Florence(which is a part Boone County)**, remit City of Florence fee AND Boone County fee to:

City of Florence Finance Department  
8100 Ewing Boulevard  
Florence, KY 41042  
Phone: (859) 647-5413 Fax: (859) 647-5447

**Warning:** Statements made in this application are subject to verification and false or misleading statements may be cause for denial of the license applied for or, if granted, revocation thereof upon discovery.

I hereby certify that I am duly authorized to act for the applicant and that the statements contained on this application are true and complete:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

#### For Official Use Only – Approvals/Denial

Boone County Planning Commission \_\_\_\_\_ Date: \_\_\_\_\_

Boone County Building Inspection: \_\_\_\_\_ Date: \_\_\_\_\_

City of Florence Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

Issuance of the License is :

☐ Approved

☐ Approved Conditional (Conditions Attached)

☐ Denied (Notification to Applicant Attached)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Authorized By: \_\_\_\_\_